

to case finding and isolation, it is better than it was a decade ago. There are many and sound reasons for believing that the level of effectiveness attained in many areas is sufficient to constitute an increasingly important factor in progressively reducing the frequency of transmission from infected to non-infected individuals.

Granting continuation or strengthening of control efforts in addition to favorable socio-economic developments in a world at peace, it would seem not unreasonable to expect that the balance, favorable to us, unfavorable to the tubercle bacillus, will be maintained and that the decline in mortality from tuberculosis will be sustained, even to the point of disappearance from some areas. There is nothing in the record up to date that is inconsistent with Frost's thesis.

#### REFERENCES

1. Frost, W. H. How Much Control of Tuberculosis? *A.J.P.H.* 27, 8:759 (Aug.), 1937.
2. Medlar, E. M., Spain, D. M., and Holliday, R. W. *Arch. Int. Med.* 81:501 (Apr.), 1948.

### THE ACADEMY OF PEDIATRICS STUDY

ONE of the most outstanding public health pinnacles of 1949 is the report of the Academy of Pediatrics on Child Health Services and Pediatrics Education.<sup>1</sup> At a cost of one million dollars, the Academy (with the aid of the U. S. Children's Bureau, the U. S. Public Health Service, and private foundations) has completed an exhaustive and revealing survey of the actual status of health care for children in the United States. We shall present an expert review of the findings in a later issue of the JOURNAL; but it is none too soon to congratulate the Academy on a remarkable piece of public service.

Dr. Thomas Parran, Dean of the School of Public Health at Pittsburgh, pointed out at a meeting of the Academy on April 2 how significant this service has been and how naturally it grows out of the general philosophy which has governed the activities of the Academy in the past. He told the members of the Academy "because you have kept abreast of the profession and have not been among those dragged captive and shrieking behind the chariot of social progress, you are in a far better position to shape your own future than those who have been less foresighted."

The Academy, in projecting its study desired to learn whether there were a large number of children in the United States who were not receiving preventive and curative care compatible with present standards of good pediatric practice. If such were the case it sought to estimate whether the lack of adequate care was due to one or more of the following factors: "(1) parents are unable to pay for good service; (2) there is an unwillingness to use, or lack of knowledge of, available facilities; (3) services are not available where many children live; and (4) there are not enough physicians well trained in the medical care and health supervision of children, especially in rural areas."

The study demonstrates beyond question that all the factors mentioned are actually operating to the grave detriment of the health of our children. It is clear that mothers must be conscious of the need for good health care and that many are not now conscious of that need. The remedy is health education. It is clear that the care must be available where the children are; and this is not the case in our rural areas. The remedy is planning for hospitals and health centers and public financial support for their construction and maintenance. It is clear that funds must be available to pay for care; and such funds are not available for moderate

and low income groups anywhere in the United States. The remedy can only be found in prepayment of the costs of medical care on a voluntary or universal basis, or tax supported services, or a combination of the two programs. It is clear that popular interest and physical facilities and funds cannot operate successfully while there are not enough well trained physicians (not only pediatricians but general practitioners), especially in rural areas. It is to this latter problem that the Academy logically directs its major emphasis; and half the report deals with the problems of undergraduate and graduate training of physicians in this field.

The responsibility for implementing practical measures for improvement has been assigned by the Academy to a continuing Committee for the Improvement of Child Health. This report has made a case which calls for action. As Dr. Parran said, on an earlier occasion, "The Academy of Pediatrics took upon itself a heavy responsibility in making the survey; for that step inevitably obligated them to take a second and far more difficult step; viz., to use this knowledge to develop a national program of child health services."

But this obligation does not rest only on the Academy of Pediatrics. It rests on every public health worker of the country. It rests on every citizen in every state and every town. "In a nation untouched by bombs, unravaged by famine, not the prey of war-borne epidemics, three babies died for every soldier killed in combat during World War II." To quote once more from Dr. Parran, "There is a time to stand and there is a time to strike. There is a time to feel out the situation and a time to move forward. This is your hour."

#### REFERENCE

1. *Public Health Services and Pediatric Education*. New York: Commonwealth Fund, 1949.

### THE A.S.H.A. GOES TO WAR

A LITTLE less than a year ago, Oscar R. Ewing, Federal Security Administrator and Chairman of the U. S. Interdepartmental Venereal Disease Control Committee, wrote to President P. R. Mather of the American Social Hygiene Association to request that the Association assume the following responsibilities:

"To act as advisor to Central Armed Forces Disciplinary Control Board of the National Defense Establishment in matters pertaining to civilian community education and the repression of prostitution.

"To continue and expand services to supply confidential data regarding prostitution conditions in the environs of military establishments.

"To give consideration to performing the functions of the Federal Social Protection Division, which no longer exists.

"To make available to the Armed Forces, on request, educational material and advisory services.

"To bring citizen support to good law enforcement, social treatment and individual health education through the home, the church, and the school."

The response of the A.S.H.A. was prompt and effective. Funds for the enlarged program have been obtained from the United Service Organizations. During the summer of 1948, the Association recruited, trained, and assigned to field positions a highly competent group of workers. A Washington Liaison Office was opened on September 1. By October 1, field offices were established in Chicago, Atlanta, San Antonio, and San Francisco, and the national headquarters in New York was expanded to house field representatives for the New England and Central Atlantic States. Additional scientific field assistants were assigned for